

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (
11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Tom Slockett

Political Party (if applicable)

Democrat

Office Sought

Johnson County Auditor

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Signature of Person Filing Report

TELEPHONE

DATE SIGNED

I AM FILING A July 19 (due July 21) report

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held
Johnson

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 1,294.93

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,995.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

103.88

Schedule F: Loan Repayments total (Attach Schedule F)

3,186.05

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

1,249.73

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

140.44

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/15/08	ID# CK#	Samuel L. Becker 1 Oaknoll Ct, Apt 221 Iowa City IA 52246		\$200.00	<input checked="" type="checkbox"/>
05/15/08	ID# CK#	Eliot A. Keller 1244 Devon Drive Northeast Iowa City IA 52240-9628		\$20.00	<input checked="" type="checkbox"/>
05/16/08	ID# CK#	P.A. & Enid Cancilla 2257 Sugar Bottom Road N.E. Solon IA 52333-9599		\$25.00	<input checked="" type="checkbox"/>
05/16/08	ID# CK#	Leah Cohen 1638 Teg Dr. Iowa City IA 52246		\$50.00	<input checked="" type="checkbox"/>
05/16/08	ID# CK#	Kenneth A. & Janis A. Hubel 2562 Oak Circle N.E. North Liberty IA 52317		\$25.00	<input checked="" type="checkbox"/>
05/16/08	ID# CK#	Dorothy M. Paul 608 Larch Lane Iowa City IA 52245-3435		\$20.00	<input checked="" type="checkbox"/>
05/16/08	ID# CK#	Dorsey Phelps 427 Ferson Ave Iowa City IA 52246-3724		\$20.00	<input checked="" type="checkbox"/>
05/17/08	ID# CK#	Josephine Gittler 225 E. Davenport St. Iowa City IA 52245		\$30.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	David C. Baldus 114 Boyd Law Building Iowa City IA 52242		\$50.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Michael Carberry 2029 Friendship St Iowa City IA 52245-4553		\$20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 460.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
05/18/08	ID# CK#	Jeffrey L. and Lois K. Cox 112 S. Dodge St. Iowa City IA 52240		\$100.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	C.D. 727 Walnut St. Iowa City IA 52240		\$20.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Bernard and Charlotte H Fallon 3723 Oak LN NE North Liberty IA 52317-9375		\$100.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Patrick L and Jean A Harney 2771 Hwy 1NE Iowa City IA 52240		100.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Loret Mast 631 E. College St. #2 Iowa City 52240		100.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Aletia H. Morgan and David P. Redlawsk 26 Gallup Place Iowa City, IA 52246		50.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Richard and Doris Myers No. 9 Woodland Hts Iowa City IA 52240		100.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Samuel G. and Lizabeth R. Osborne Box 147 West Branch IA 52358		15.00	<input checked="" type="checkbox"/>
05/17/08	ID# CK#	Marlene J. Perrin 212 Rocky Shore Dr. Iowa City IA 52246		25.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Rebecca S Reiter 265 Highland Dr. Iowa City IA 52246-3228		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 660.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/18/08	ID# CK#	Barbara A. Schwartz 725 N. Linn St Iowa City IA 52245		\$50.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Arthur A. and Mary Jo Small 1 Oaknoll Ct. Iowa City IA 52246		\$100.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Sondra L. Smith 1411 Sheridan Ave. Iowa City IA 52240		\$25.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Roger C. and Sally Stutsman Riverside IA 52327-9724		\$30.00	<input checked="" type="checkbox"/>
05/18/08	ID# CK#	Nicholas Johnson and Mary Vasey P O Box 1876 Iowa City IA 52244-1876		\$30.00	<input checked="" type="checkbox"/>
05/19/08	ID# CK#	David R. Leshtz Box 1945 Iowa City IA 52244		\$50.00	<input checked="" type="checkbox"/>
05/19/08	ID# CK#	David K. Kadlec 1146 Hotz Ave. Iowa City IA 52245		\$50.00	<input checked="" type="checkbox"/>
05/20/08	ID# CK#	Paul A. Deaton 1664 Camelback Road NE Solon IA 52333-9472		\$25.00	<input checked="" type="checkbox"/>
05/20/08	ID# CK#	Baxter L. Freese 1749 Louis Place Iowa City IA 52245-1583		\$25.00	<input checked="" type="checkbox"/>
05/20/08	ID# CK#	Nancy L. Porter 2519 Potomac Dr. Iowa City IA 52245-4827		\$25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 410.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
05/20/08	ID# CK#	Jacob O. and Janice M. Sines 207 Blacksprings Circle Iowa City IA 52246		\$50.00	<input checked="" type="checkbox"/>
05/20/08	ID# CK#	Carol M. Thompson 41 Lakeview Dr. NE Iowa City IA 52240		\$25.00	<input checked="" type="checkbox"/>
05/21/08	ID# CK#	Joseph L. Bolkom 728 2nd Ave Iowa City IA 52245		\$25.00	<input checked="" type="checkbox"/>
05/21/08	ID# CK#	Unitemized Contributions		\$5.00	<input checked="" type="checkbox"/>
05/20/08	ID# CK#	Teresa M. McAndrews 435 Fourth Ave Iowa City IA 52245		\$25.00	<input checked="" type="checkbox"/>
05/22/08	ID# CK#	Ellen M Widess 316 Kimball Rd. Iowa City IA 52245-5825		\$100.00	<input checked="" type="checkbox"/>
05/23/08	ID# CK#	Heather Shank 728 Grant Street Iowa City IA 52240		\$25.00	<input checked="" type="checkbox"/>
05/25/08	ID# CK#	Albert J. Marshall, III 621 Brown Street Iowa City IA 52245		\$50.00	<input checked="" type="checkbox"/>
05/28/08	ID# CK#	Patricia Nelson 917 Wylde Green Rd. Iowa City IA 52246		\$25.00	<input checked="" type="checkbox"/>
06/05/08	ID# CK#	David L. Tingwald 631 N Dodge St Iowa City IA 52245		\$10.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 340.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/15/08	ID# CK#	AdCraft Printing P.O. Box 246 Cedar Rapids IA 52406	1000 Envelopes	\$ 103.88
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 103.88
TOTAL (if last page of this schedule)				\$ 103.88

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
04/21/08	Tom Slockett 629 Brown St Iowa City IA 52245	Reimbursement: Postmaster for PO Box	\$ 20.00
05/05/08	John Deeth 313 W Benton St Iowa City IA 52246	568 names on labels for fundraiser (estimated)	28.40
05/10/08	Tom Slockett 629 Brown St Iowa City IA 52245	Reimbursement: Zephr Copies for 563 piece mailing, postage, folding, stapling and copies	361.34
05/14/08	Tom Slockett 629 Brown St Iowa City IA 52245	Reimbursement for payment to Johnson County Auditor for copies	30.45
6/5/08	Hybrid Publications Inc. Solon Economist/North Liberty Leader PO Box 249 Solon IA 52333-0249	Thank you ad	120.00
6/5/08	Tom Slockett 629 Brown St Iowa City IA 52245	Reimbursement for Press Citizen thank you ad	199.98
6/5/08	Slechtta Communications, Inc. P.O. Box 430 Kalona IA 52247-0430	Lone Tree Reporter thank you ad	120.00
SUB-TOTAL			\$ 880.17
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 2
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/18/08	Jeffrey L. and Lois K. Cox 112 S Dodge St. Iowa City IA 52240	Reimbursement for food and refreshments for fundraiser	\$ 172.26
5/25/08	Tom Slockett 629 Brown St Iowa City IA 52256	Reimbursement for 90 first class stamps-37.80, 100 #10 & 100 #6 envelopes-2.73, tabs & 10 pp stuck labels 6.77	47.30
5/31/08	Johnson County Democratic Party PO Box 1773 Iowa City Iowa 52244	Sponsorship of First Annual Pioneer Award Banquet	150.00
SUB-TOTAL			\$ 369.56
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,249.73

*If actual figure is unknown, show "estimated" beside the figure.

Page 2 of 2
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
05/18/08	Tom Slockett 629 Brown St Iowa City IA 52245	Self	15 leftover signs from previous campaign	\$ 75.00	<input type="checkbox"/>
05/18/08	Tom Slockett 629 Brown St Iowa City IA 52245	Self	1 ream of paper	3.50	<input type="checkbox"/>
05/20/08	Tom Slockett I 629 Brown Street Iowa City IA 52245	Self	HP Inkjet Print Cartridge Combo Pack	61.94	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 140.44	
TOTAL (If last page of this schedule)				\$ 140.44	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAY
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Slockett for Auditor

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$

From Schedule E -- TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,000.00

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